

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------------|-----------------|
| FEE DETERMINATION | <i>Mr</i> | <i>6812</i> | <i>9/20/00</i> |
| O.I.P.E. CLASSIFIER | | <i>59</i> | <i>9/27</i> |
| FORMALITY REVIEW | <i>RD</i> | <i>01730</i> | <i>10-21-00</i> |
| RESPONSE FORMALITY REVIEW | | <i>71476</i> | <i>12/31/00</i> |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | ✓ | |
| 2 | 0 | 0 | |
| 3 | ✓ | ✓ | |
| 4 | ✓ | ✓ | |
| 5 | 0 | 0 | |
| 6 | 0 | 0 | |
| 7 | ✓ | ✓ | |
| 8 | ✓ | ✓ | |
| 9 | 0 | 0 | |
| 10 | ✓ | ✓ | |
| 11 | ✓ | ✓ | |
| 12 | 0 | 0 | |
| 13 | 0 | 0 | |
| 14 | ✓ | ✓ | |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy